

**II. Cases of Nerve Surgery.** By M. H. RICHARDSON, M.D. (Boston.) These cases comprise operations of nerve stretching, nerve section and nerve suture.

*Nerve Stretching.*—Case 1 was a woman suffering severe neuralgic pain of the right side. An incision five or six inches long was made parallel to and an inch below the lower border of the ribs on the left side, all the nerves in the incision being either divided or stretched. The operation was not a success. Case 2 was a male subject of sciatica, whose sciatic nerve was exposed and stretched but without benefit. Case 3 was a man suffering from sciatic neuralgia of traumatic origin. The nerve was stretched by forced extension of the limb, with slight benefit.

*Nerve Section for Neuralgia.*—Case 1 was a recurrence of the third case reported in the ANNALS OF SURGERY, vol. iv., page 518. Neither inferior dental canal or nerve could be found, but from the mental foramen the nerve was found emerging enormously enlarged; its branches were collected together and pulled out of the canal and also from the tissues to which it was distributed, the foramen was chiseled out and the nerve destroyed a considerable distance. A good result was obtained. Case 2 was a case of involvement of a branch of the supra-orbital nerve in scar tissue causing neuralgia. The pain was relieved by excision of the scar.

*Nerve Section for Spasmodic Wry Neck.*—This was a woman, æt. 48, in whom a torticollis was benefited by section of the spinal accessory nerve of the affected side.

*Nerve Section and Suture.*—Case 1 was a sarcoma involving the ulnar nerve in a man, æt. 32. The tumor was exsected and the two ends of the nerve sutured. The wound healed well, but the function of the nerve was not preserved. Case 2 was a traumatic division of the ulnar nerve in a brakeman, æt. 22. Sutures were applied, and when the wound healed the man was able to resume his work.

*Operations to Relieve Pain from Pressure.*—Case 1 was a woman, æt. 23, complaining of pain along musculo-cutaneous nerve. After failure in a superficial operation, a deep incision was made, and between the extensor communis digitorum and peroneus longus a tumor

was found compressing the nerve against the fibula. Removal caused relief, but recurrence has occurred. Case 2 was a woman, æt. 23, who was unable to flex her elbow without exquisite pain. A small bony growth was found at the elbow joint just outside of the biceps tendon, and incision revealed that the external cutaneous nerve was compressed between the tendon and growth. Removal of the latter relieved her pain.—*Bost. Med. and Surg. Jour.*, Feb. 9, 1888.

JAMES E. PILCHER (U.S. Army.)

### III. Hemorrhage from the larger Blood vessels in Abscesses.

By DR. PAUL GUETERBOCK (Berlin). The theme has been treated exhaustively by other writers under the heading of "Arrosion" of the blood vessels (Boegehold) yet there is a form of hemorrhage which, according to the author, cannot be placed under the above process. This hemorrhage takes place in abscesses and from large vessels. It does not result from an ulcerative or inflammatory erosion of the wall of the blood-vessel. In the process intended to be described by Gueterbock there is a gradual thinning of the walls of the vessel exposed in the abscess. This process extends from the adventitia internally involving all the coats of the vessel. The exact nature of this process the author does not determine. He points, however, to the absence of ulceration-thickening or erosion processes. The vessel having thinned at one point more than another (generally the deepest situation in the abscess) it only needs a slight trauma to cause hemorrhage. These hemorrhages are generally fatal. The author records two cases of the above process. In one case the patient was saved; the antiseptic tamponade was employed.—*Deutsche Zeitsch f. Chir.* bd. xxiv. hft. 5 and 6.

HENRY KOPLIK, (New York.)

IV. Bilateral Suppurative Otitis as a Consequence of Posterior Nasal Tamponade for Epistaxis. By DR. GELLE. The author attacks the general opinion that when death follows a posterior nasal tamponade it is the consequence of cerebral apoplexy, pointing to the fact that consecutive acute inflammation of the middle ear may be the cause of the fatal issue. He reports the case